

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737445

**Entity Name:** WEST JACKSONVILLE CHURCH OF GOD IN CHRIST OF JACKSONVILLE FLORIDA, INC.

**Current Principal Place of Business:**

3838 FIRESTONE ROAD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

3838 FIRESTONE ROAD  
JACKSONVILLE, FL 32210

**FEI Number: 59-2695894**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HALL, GARY L.  
3838 FIRESTONE ROAD  
JACKSONVILLE, FL 32210 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name HALL, MARY L.  
Address 1770 COUNTRY WALK DR  
City-State-Zip: ORANGE PARK FL

Title PD  
Name HALL, GARY L.  
Address 1770 COUNTRY WALK DR  
City-State-Zip: ORANGE PARK FL

Title T  
Name POSTELL, KELVIN C  
Address 14139 SUMMER BREEZE DR E.  
City-State-Zip: JACKSONVILLE FL 32218

Title S  
Name MATTHEWS, GAIL  
Address 1617 SADDLE BROOK LANE  
City-State-Zip: JACKSONVILLE FL 32221

Title D  
Name MAIDEN, DEBORAH L  
Address 10172 GLEENFIELD CT  
City-State-Zip: JACKSONVILLE FL 32221

Title D  
Name ALLEN, ALFRED J  
Address 8505 N. BLAZZING STAR  
City-State-Zip: JACSONVILLE FL 32210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: KELVIN POSTELL

TREAS

04/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date